

UNITED STATES SEC Mail Processing SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D MAY 28 2008

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION SOMEON, DC
SECTION 4(6), AND/OR 110
UNIFORM LIMITED OFFERING EXEMPTION

1424267									
OMB AP	OMB APPROVAL								
Expires: Estimated average									
hours per form	16.00								
SEC US	SE ONLY								
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Name of Offering (☐ check if	this is an amendment and nam	ne has changed, and ir	idicate change.)		
Offering of The A Limited Liabili	ty Interests of Meridian Horiz	zon Enhanced Fund,	LLC		
Filing Under (Check box(es) that a	pply): 🔲 Rule 504	Rule 505	☑ Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing	ng 🖾 Amendmen	it		PR	OCESSED
	A. BAS	SIC IDENTIFICAT	ION DATA		JUN 0 3 2008
1. Enter the information request	ed about the issuer				
Name of Issuer	this is an amendment and nam	e has changed, and in	dicate change.	THO	MSON REUTERS
Meridian Horizon Enhanced Fun	đ, LLC				
Address of Executive Offices		(Number and Stree	et, City, State, Zip Co	ode) Telephone Ni	umber (Including Area Code)
c/o Meridian Diversified Fund, L	.C, 20 Corporate Woods Bou	llevard, 4 th Floor, Alba	ny, NY 12211	(518) 432-160	00
Address of Principal Offices (if diff	erent from Executive Offices)	(Number and Stree	et, City, State, Zip Co	ode) Tele	
Brief Description of Business:	Investment in securities thre	ough a diverse group	of investment mar	nagers.	
Type of Business Organization				***************************************	08047962
☐ corporation	☐ limite	d partnership, already	formed	other (p	
☐ business tr	ust 🔲 limite	d partnership, to be fo	med	Limited liability con	npany, already formed
		Month	Yea	ır	
Actual or Estimated Date of Incorp	oration or Organization:	1 2	0	7 🛛 🖾 Ac	tual
Jurisdiction of Incorporation or Org	anization: (Enter two-letter U.S	S. Postal Service Abbre	eviation for State:		
		CN for Canada; FN fo		diction)	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Executive Officer ☐ Director Managing Member Full Name (Last name first, if individual): Meridian Diversified Fund, LLC Business or Residence Address (Number and Street, City, State, Zip Code): 20 Corporate Woods Boulevard, 4th Floor, Albany, NY 12211 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Lawrence, William H. c/o Meridian Diversified Fund, LLC, 20 Corporate Woods Boulevard, 4th Business or Residence Address (Number and Street, City, State, Zip Code): Floor, Albany, NY 12211 Check Box(es) that Apply: ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner ☐ Promoter Full Name (Last name first, if individual): Halldin, Donald J. c/o Meridian Diversified Fund, LLC, 20 Corporate Woods Boulevard, 4th Business or Residence Address (Number and Street, City, State, Zip Code): Floor, Albany, New York 12211 □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual): Sica, John c/o Meridian Diversified Fund, LLC, 20 Corporate Woods Boulevard, 4th Business or Residence Address (Number and Street, City, State, Zip Code): Floor, Albany, NY 12211 □ Director Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual): Hickey, Timothy M. c/o Meridian Diversified Fund, LLC ,20 Corporate Woods Boulevard, 4th Business or Residence Address (Number and Street, City, State, Zip Code): Floor, Albany, NY 12211 Check Box(es) that Apply: ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner ☐ Promoter Full Name (Last name first, if individual): Smith, Laura K. c/o Meridian Diversified Fund, LLC, 20 Corporate Woods Boulevard. 4th Business or Residence Address (Number and Street, City, State, Zip Code): Floor, Albany, NY 12211 □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual): Brown, Peter

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

□ Executive Officer

☐ Executive Officer

Business or Residence Address (Number and Street, City, State, Zip Code):

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code):

☐ Promoter

■ Beneficial Owner

☐ Beneficial Owner

Lawrence, William & Gloria M.

Floor, Albany, NY 12211 Check Box(es) that Apply:

Floor, Albany, NY 12211

Check Box(es) that Apply:

Full Name (Last name first, if individual):

c/o Meridian Diversified Fund, LLC, 20 Corporate Woods Boulevard, 4th

c/o Meridian Diversified Fund, LLC, 20 Corporate Woods Boulevard, 4th

General and/or Managing Partner

☐ General and/or Managing Partner

□ Director

☐ Director

	B. INFORMATION ABOUT OFFERING													
1. H	as the issue	ersold, or o	does the is	suer inten	d to sell, to Answer a	non-accre also in App	edited inve bendix, Co	estors in th lumn 2, if f	is offering: iling under	? ·ULOE.	•••••	☐ Yes	⊠ No	
2. V	hat is the m	inimum in	vestment t	hat will be	accepted	from any i	ndividual?		•••••		••••	\$ <u>2,000,000**</u> ** may be waiyed		
												··· may	be walved	
											🛚 Yes	□ No		
a o a	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Na	ıme (Last na	ame first, if	individual)										
Busine	ss or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)		· •••					
Name	of Associate	ed Broker o	or Dealer											
	in Which Pe Check "All S											н	☐ All States	
(\ AL					s)[CO]					☐ [GA]	☐ (HI)	[ID]	All oldles	
	. □ [IN]	 □ [IA]		_ [KY]	□ [LA]	[ME]				,		* -		
□ [M]		□ [NV]		□ [NJ]		☐ [NY]			□ [OH]					
☐ [RI]				□ [TX]		□ [VT]		□ [WA]			□ [WY]			
Full Na	ıme (Last na	ume first, if	individual)		•								
Busine	ss or Resid	ence Addr	ess (Numb	er and Sti	eet, City, S	State, Zip	Code)							
Name	of Associate	ed Broker o	or Dealer											
	in Which Pe												☐ All States	
[AL		[AZ]			□ [CO]					☐ [GA]	☐ [HI]	☐ [ID]	_ ,	
	□ [IN]	□ (IA)	[KS]	[KY]	□ [LA]	☐ [ME]	[MD]	□ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]		
[M]] [NE]	□ [NV]	[NH]	□ [NJ]	□ [NM]	□ (NY)	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	[PA]		
☐ [RI]	□ [SC]		[TN]		[TU] □	□ (VT)	□ [VA]		□ [WV]		□ [WY]	☐ [PR]		
Full Na	me (Last na	ame first, if	individual)							:			
Busine	ss or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)	. —						
Name	of Associate	ed Broker o	or Dealer											
	in Which Pe Check "All S												☐ All States	
,, [AL					s)[CO]			☐ [DC]		☐ [GA]	[HI]	□ [ID]		
	. — □ [IN]	[IA]	□ [KS]	_ [KY]		[ME]		[MA]		☐ [MN]	☐ [MS]	[MO]		
□ [M		□ [NV]	☐ [NH]	_	☐ [NM]	□ [NY]	☐ [NC]			□ [OK]	☐ [OR]	☐ [PA]		
☐ [RI]	□ (SC)	☐ [SD]	□ [TN]	□ [TX]	[UT]	□ [VT]	□ [VA]	□ [WA]	□ [WV]	[WI]	[WY]	□ [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0_
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	<u>\$</u>	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)The A Limited Liability Company Interests)	\$	5,000,000,000	\$	14,050,000
	Total	\$	5,000,000,000	\$	14,050,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		8	<u>\$</u>	14,050,000
	Non-accredited Investors		0	<u>\$</u>	0
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		n/a	<u>\$</u>	n/a
	Regulation A		n/a	<u>\$</u>	n/a
	Rule 504		n/a	\$	n/a
	Total		n/a	<u>\$_</u>	n/a_
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••	🗆	\$	0
	Printing and Engraving Costs		🗆	\$	0
	Legal Fees		🛛	\$	20,000
	Accounting Fees		🛛	\$	35,000
	Engineering Fees		🗆	\$	00
	Sales Commissions (specify finders' fees separately)		🗅	\$	0
	Other Expenses (identify)		🛮	<u>\$</u>	0
	Total		🖾	\$	55,000

1 b.		••				
	Enter the difference between the aggregate offering uestion 1 and total expenses furnished in response to P djusted gross proceeds to the issuer."	art C-Question 4.a. This differer	nce is the		.5	4,999,945,000
us es	dicate below the amount of the adjusted gross proceeds sed for each of the purposes shown. If the amount for a stimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in response	iny purpose is not known, furnish ne total of the payments listed mu	an st equal	_		
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$	_ 0	\$
	Purchase of real estate			<u>s</u>	_ 0	\$
	Purchase, rental or leasing and installation of mad	chinery and equipment		\$	_ 0	\$
	Construction or leasing of plant buildings and facil	ities		\$	🗆	\$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the ass pursuant to a merger	ets or securities of another issue		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify): The A Limited Liability Co.			\$	🛮	\$ 4,999,945,000
	,			\$		\$
	Column Totals			\$	⊠	\$ 4,999,945,000
	Total payments Listed (column totals added)		_		\$ 4,9	99,945,000
		D. FEDERAL SIGNATUR	RE	· ···		
consti	ssuer has duly caused this notice to be signed by the ur itutes an undertaking by the issuer to furnish to the U.S. a issuer to any non-accredited investor pursuant to para	Securities and Exchange Comm	n. If this i	notice is filed under R oon written request of	tule 505, th its staff, th	e following signature e information furnished
	r (Print or Type) lian Horizon Enhanced Fund, LLC	Signature M. W.	ユ		Date May 8, 20	008
Jame	e of Signer (Print or Type) Neridian Diversified Fund, LLC, Managing Member	Title of Signer (Print or Type)		ember		

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presentl provisions of such rule?	y subject to any of the disqualification	☐ Yes No							
	See Appe	endix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furni (17 CFR 239.500) at such times as required by sta	sh to any state administrator of any state in which this no te law.	otice is filed a notice on Form D							
3.	The undersigned issuer hereby undertakes to furni	sh to the state administrators, upon written request, info	rmation furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer Exemption (ULOE) of the state in which this notice of establishing that these conditions have been sat	is familiar with the conditions that must be satisfied to be is filed and understands that the issuer claiming the ava isfied.	entitled to the Uniform limited Offering illability of this exemption has the burden							
	uer has read this notification and knows the contents zed person.	to be true and has duly caused this notice to be signed o	on its behalf by the undersigned duly							
•	Print or Type) In Horizon Enhanced Fund, LLC	Signature Mumitz	Date May 8, 2008							
By: Me	of Signer (Print or Type) ridian Diversified Fund, LLC, Managing Member ura K. Smith	Title of Signer (Print or Type) Managing Director of the Managing Member								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

				API	PENDIX		<u></u>				
1	· · · · · · · · · · · · · · · · · · ·	2	3		5						
į	to non-ad investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)						
State	Yes No		The A Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Yes	No			
AL			· · · ·								
AK											
AZ											
AR											
CA											
со											
СТ		х	\$5,000,000,000	2	\$1,100,000	0	\$0		х		
DE							.=.				
DC			-								
FL		х	\$5,000,000,000	1	\$1,000,000	0	\$0		х		
GA											
н			,								
ID											
IL											
IN											
IA											
KS											
КҮ											
LA											
ME											
MD											
МА											
МІ											
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NH											
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1	2	2	3		Type of investor and Amount purchased in State (Part C – Item 2)						
	Intend to non-ad investors (Part B -	ccredited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)								
State	Yes	No	The A Limited Liability Company Interests	Number of Accredited Investors	Amount	Yes	No				
NM											
NY		х	\$5,000,000,000	5	\$11,950,000	0	\$0		х		
NC											
ND											
ОН											
ок											
OR			·								
PA							<u></u> _				
RI											
sc											
SD							· · -				
TN											
TX											
UT											
VT									<u> </u>		
VA											
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wv									<u> </u>		
WI											
WY											
Non- US											

